

Form RD 1944-3
(Rev. 6-97)**BUDGET AND/OR FINANCIAL STATEMENT**

1. NAME OF APPLICANT/BORROWER:	2. HOME PHONE NUMBER:	3. AGES OF PERSONS IN HOUSEHOLD: Applicant/Borrower: _____ Children: _____ Co-Applicant/Co-Borrower: _____ Others _____
4. NAME OF CO-APPLICANT/CO-BORROWER:	5. WORK PHONE NUMBER:	
6. ADDRESS:		7. PERIOD COVERED BY PLAN: _____, 19__ thru _____, 19__

BUDGET**PART 1 – PLANNED EXPENSES AND PAYMENTS**

A – CASH EXPENSES	MONTHLY	NEXT 12 MONTHS	B – DEBT PAYMENTS	MONTHLY	NEXT 12 MONTHS
FOOD:	\$	\$	HOUSE PAYMENT:	\$	\$
CLOTHING:			CAR/TRUCK:		
MEDICAL: (Doctor, dentist, eyeglasses, medication, etc.)			CAR/TRUCK:		
PERSONAL: (Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)			OTHER VEHICLES AND EQUIPMENT:		
HOUSEHOLD:			OTHER: (Credit cards, medical, installment loans, personal debts, other real estate etc.) (LIST)		
FUEL:					
ELECTRICITY:			FEDERAL DEBTS:		
TELEPHONE:					
CABLE TV:					
WATER AND/OR SEWER:					
OTHER:			PLANNED CREDIT PURCHASES: (Furniture appliances, etc.)		
HOME REPAIR AND MAINTENANCE: (Appliances, paint, yard, etc.)					
EDUCATION: (Tuition, books, supplies, fees, school lunches, etc.)			TOTAL DEBT PAYMENTS:	\$	\$
GIFTS: (Holidays, birthdays, charity, church, etc.)			PART 2 – HOUSEHOLD INCOME		
RECREATION: (Dining, movies, sports, entertainment, vacation, hobbies, etc.)			APPLICANT/BORROWER: (Wages, tips, overtime, etc.)		
MISC. POCKET EXPENSES: (Sodas, lunches, allowances, etc.)			CO-APPLICANT/CO-BORROWER: (Wages, tips, overtime, etc.)		
CAR: (Gas, tires, repairs, license, etc.)			NET BUSINESS INCOME:		
TRANSPORTATION: (Bus, taxi, trains, etc.)			OTHER: (Social Security, retirement, alimony, child support, VA, public assistance, other income, etc.)		
INSURANCE:			TOTAL HOUSEHOLD INCOME:	\$	\$
REAL ESTATE:			PART 3 – SUMMARY		
AUTO(S):			A. TOTAL INCOME (PART 2)	\$	\$
HEALTH & LIFE:			B. CASH (Checking, savings, etc.)		
TAXES:			C. TOTAL EXPENSES AND DEBT PAYMENTS (PART 1A + 1B)		
REAL ESTATE:			D. BALANCE (A + B – C)	\$	\$
INCOME:			SIGNATURE OF APPLICANT/BORROWER		DATE
SOCIAL SECURITY:			SIGNATURE OF CO-APPLICANT/CO-BORROWER		DATE
PERSONAL PROPERTY:			SIGNATURE OF AGENCY OFFICIAL (I have reviewed this budget and it appears to be a reasonable projection of income and expenses)		DATE
UNION OR PROFESSIONAL DUES:					
CHILD CARE: (Daycare, babysitting, etc.)					
CHILD SUPPORT/ALIMONY: (Paid out)					
PLANNED CASH PURCHASES: (Furniture, appliances, etc.)					
LOAN CLOSING COSTS: (Not included in loan)					
MOVING EXPENSES:					
OTHER:					
TOTAL CASH EXPENSES	\$	\$			

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FINANCIAL STATEMENT

ITEM	VALUE (ASSETS)	UNPAID DEBT (LIABILITIES)	MONTHLY PAYMENT	AMOUNT DELIN- QUENT	PAYMENT DUE WITHIN NEXT 12 MONTHS	FINAL DUE	NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER
(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Dwelling	\$	\$	\$	\$	\$	\$	
Other real estate							
Mobile Home							
Car (Yr. & make)							
Car (Yr. & make)							
Truck (Yr. & make)							
Other Vehicles and Equipment (Boats, Motorcycles, etc.)							
Household Goods							
Appliances							
TV Set(s)							
Furniture							
Other							
Taxes Due:							
Real Estate							
Pers. Prop.							
Income Tax							
Soc. Sec. Tax							
Other Debts:							
Personal Loan							
Hospital							
Doctor							
Dentist							
Child Support and Alimony							
Federal Debts							
Credit Cards							
Other							
Rent							
Cash-on-hand (Including Savings & Checking Accounts, CD, etc.)							
Accounts Receivable							
Bonds & Other Securities							
Cash Value of Life Insurance							
TOTAL	\$	\$	\$	\$	\$	NET WORTH	Col. A minus Col. B \$

I certify that the above statement is true and correct to the best of my knowledge and belief.

WARNING: Section 1001 of title 18, United States Code provides: "whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years or both."

SIGNATURE OF APPLICANT/ BORROWER	DATE	SIGNATURE OF CO-APPLICANT/ CO-BORROWER	DATE
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(see reverse)

Used by RHS staff and RH loan and grant applicants and borrowers to determine repayment ability when exceptions have been granted to the use of ratios; by borrowers and RHS officials in account servicing actions; and by recreation loan applicants when the total farm is converted.

Loan Making: The loan approval official may request a new or updated Budget and/or Financial Statement if the applicant's financial status has changed substantially since the previous Budget or Financial Statement.

Loan Servicing: Complete the Budget Section on Servicing Actions such as credit counseling (del. account servicing), Additional Payment Agreements, Moratoriums, etc., and if the servicing official deems necessary, the Financial Statement section may be completed.

Refinancing: Complete the Financial Statement Section in refinancing cases, however, if the servicing official deems necessary, the Budget Section may be completed.

Used by FSA staff and borrowers to consider a request of a jointly liable individual borrower for a release of liability at the time of primary loan servicing.

All figures should be rounded to the nearest dollar.

<u>PROCEDURE FOR PREPARATION</u>	:	RD Instruction 1951-F and RD HB-1-3550 and RD HB-2-3550. FSA Transferred Instruction 1951-S.
<u>PREPARED BY</u>	:	Applicant or Borrower and loan approval official.
<u>NUMBER OF COPIES</u>	:	Original and one copy.
<u>SIGNATURES REQUIRED</u>	:	For RHS purposes, original and one copy by applicant or borrower, co-applicant or co-borrower and RHS loan approval official. For FSA purposes, original only.
<u>DISTRIBUTION OF COPIES</u>	:	For RHS purposes, original to applicant or borrower; copy to applicant or borrower's case folder. For FSA purposes, original to borrower's case folder.